PTO/SB/22 (07-09)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).) | | Docket Number (Optional) 019318002US | |
|---|-----------------|---|---------------|
| | | 0193 | 1600203 |
| Application Number 10/589,165-Conf. #6843 | | Filed | July 10, 2007 |
| For METHOD, APPARATUS AND COMPOSITION FOR MAKING ICE | | | |
| Art Unit 1797 | | Examiner | M. Gonzalez |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity Fee | 400.00 |
| X One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$130.00 |
| Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| X Payment by EFT Account No. SEA1PIRM is hereby authorized. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any deficiencies, or credit any overpayment, to Deposit Account Number 50-0665 | | | |
| WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| x attorney or agent of record. Regis | stration Number | 36,878 | |
| attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under | er 37 CFR 1.34 | | |
| | | Augu | st 5, 2010 |
| Signature | | Date | |
| Chun M. Ng | | (206) 359-8000 | |
| Typed or printed name Telephone Number | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| X Total of 1 forms are submit | ted. | | |